

## **Washington Guaranteed Education Tuition Program**

Enrollment Form & Payments Guaranteed Education Tuition P.O. Box 84824, Seattle, WA 98124-6124

**Guaranteed Education Tuition** Guaranteed Education Luition
Correspondence • GET Program Office
P.O. Box 43450, Olympia, WA 98504-3450
1-877-438-8848 • Fax 1-360-704-6200
Email: GETInfo@hecb.wa.gov

E N R O L L F O R M

## **Instructions**

- 1. Read the Guaranteed Education Tuition (GET) brochure and Master Agreement for answers to the most frequently asked questions. Copies are available at the Program web site at: http://www.get.wa.gov. If you need additional information or assistance in completing this enrollment form, please call TOLL-FREE 1-877-438-8848, 8 a.m. - 6 p.m. PST, Monday through Friday (except state holidays). TOLL-FREE TDD 1-866-208-0433.
- 2. Complete all applicable sections of the enrollment form and enclose a check made payable to GET. A separate enrollment form must be submitted for each student along with a one-time \$50 enrollment fee per student at time of enrollment, with a maximum of \$100 per family. You may choose to pay your enrollment fee by credit/debit card, (please provide that information in Section VI). The enrollment fee, any down payment on a custom monthly payment plan and payment for any lump sum units being purchased are due at time of enrollment. You will receive a coupon book to make your custom monthly payments or to make additional lump sum purchases.

  3. TYPE OR PRINT ALL INFORMATION except your signature. Sign and date your enrollment form.

  4. Enrollment forms must be postmarked by March 31, 2003 to ensure this year's unit price. Payments on custom monthly plans will be due the 15th of the month, starting
- 60-90 days after receipt of the enrollment form. Purchasers wanting to reduce the amount of their custom monthly payment may include a down payment.

| SECTION I. Purchaser Information   |  |  |  |  |
|--|--|--|--|--|
| Please provide the following information about YOURSELF, the Purchaser. The Purchaser is the owner of the contract.  Only the Purchaser may make changes to the account or request a refund.   |  |  |  |  |
| PURCHASER NAME Mr. Mrs. Miss Ms. Dr.   |  |  |  |  |
|  |  |  |  |  |
| Last First M.I.  |  |  |  |  |
| If Purchaser is an organization, please indicate type: Corporation Trust Non-profit Foundation Partnership Other   |  |  |  |  |
|  |  |  |  |  |
| Organization Name  |  |  |  |  |
| ADDRESS  |  |  |  |  |
|  |  |  |  |  |
| Number and street, including apartment number  |  |  |  |  |
|  |  |  |  |  |
| City State Zip   |  |  |  |  |
| SOCIAL SECURITY NUMBER (Or TAX ID #)  E-MAIL ADDRESS   |  |  |  |  |
|  |  |  |  |  |
| HOME TELEPHONE EVI   |  |  |  |  |
| HOME TELEPHONE WORK TELEPHONE EXT.   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| SECTION II. Student Beneficiary Information  |  |  |  |  |
| The Student Beneficiary is the person who will use the benefits of the contract. Please complete the following information about him or her. Be sure to supply the student's Social Security number. Student must be a Washington resident at time of enrollment.  |  |  |  |  |
| NAME Mrs. Mrs. Miss Ms. Dr.  |  |  |  |  |
|  |  |  |  |  |
| Last First M.I.  |  |  |  |  |
| ADDRESS Same as Address in Section I   |  |  |  |  |
|  |  |  |  |  |
| Number and street, including apartment number  |  |  |  |  |
|  |  |  |  |  |
| City State Zip   |  |  |  |  |
| SOCIAL SECURITY NUMBER (Or TAX ID #)  E-MAIL ADDRESS   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| HOME TELEPHONE WORK TELEPHONE EXT.   |  |  |  |  |
|  |  |  |  |  |
| DATE OF BIRTH CURRENT GRADE OF STUDENT (if in School)  |  |  |  |  |
|  |  |  |  |  |
| SEX: Male Female Month Day Year  |  |  |  |  |
| Please indicate the year the student will begin to use GET benefits. This is called the Benefit Use Year and refers to the fall term. Benefits cannot be distributed until   |  |  |  |  |
| the student has been enrolled in GET for <b>two calendar years</b> , the student is enrolled in an institution of higher education and the student has reached the Benefit Use   |  |  |  |  |
| Year. (Eligible Years 2005 – 2021) Students still attending high school are not eligible to use benefits. (SPECIAL NOTE: Lump sum units may NOT be used until two full calendar years after each individual purchase date. Units purchased in a custom monthly plan may, however, be used two years from receipt of the enrollment form, |  |  |  |  |
| once the plan has been paid in full.)  |  |  |  |  |
| BENEFIT USE YEAR: (Please refer to the chart in the Benefit Use section of the enrollment brochure for assistance in determining   |  |  |  |  |
| Fall Term the projected Benefit Use Year. If left blank, the year will be determined based on the date of birth.)  |  |  |  |  |
|  |  |  |  |  |
| SECTION III. Information Release (Optional)  |  |  |  |  |
| You may authorize GET to release information regarding your account to another person (such as a spouse, grandparent or guardian).  If applicable, please provide the following information about him or her.  |  |  |  |  |
| NAME Mr. Miss Dr.  |  |  |  |  |
|  |  |  |  |  |
| Last First M.I.  |  |  |  |  |
| SOCIAL SECURITY NUMBER (Or TAX ID #) E-MAIL ADDRESS  |  |  |  |  |
|  |  |  |  |  |
| HOME TELEPHONE WORK TELEPHONE EXT.   |  |  |  |  |

| SECTION IV. Survivor Information   |  |  |  |  |
|--|--|--|--|--|
| In the event of the death of the Purchaser, all rights and obligations of this contract transfer to the Su<br>automatically transfer to the Student Beneficiary.   | rvivor. If no Survivor is provided, all rights and obligations will    |  |  |  |
| NAME Mr. Mrs. Miss Ms. Dr.   |  |  |  |  |
| Last First   | M.I  |  |  |  |
| ADDRESS Same as Address in Section I   |  |  |  |  |
| Number and street, including apartment number  |  |  |  |  |
|  |  |  |  |  |
| City   | State Zip  |  |  |  |
| SOCIAL SECURITY NUMBER (Or TAX ID #)  E-MAIL ADDRESS   |  |  |  |  |
| HOME TELEPHONE WORK TELEPHONE  | EXT.   |  |  |  |
|  |  |  |  |  |
| SECTION V. Choice of Tuition Plans   |  |  |  |  |
| Please select the type of plan or plans you wish to purchase. There is a lifetime maximum of 500 unit  | s per student beneficiary. You may choose to purchase units in a       |  |  |  |
| sustom monthly payment plan, a lump sum purchase plan or in a combination of the two (the total num  | ber of units in both plans may not exceed 500). You may purchas        |  |  |  |
| is little as 1 unit (lump sum plan), and up to 500 units (either plan.) One hundred units will cover the activity fees at the highest priced public college or university in the state of Washington. For example,   |  |  |  |  |
| esearch university (UW/WSU). Approximately 78 units equal one year at a regional university (CWU/community and technical colleges.   |  |  |  |  |
| Choose your Plan: $\Box$ Custom Monthly Plan $\Box$ Lump Sum Plan $\Box$ Combined Custom Monthly.  | /Lump Sum Plan (Complete both parts below)                             |  |  |  |
|  |  |  |  |  |
| <b>Custom Monthly Payment Plan</b> A custom monthly payment plan allows you to purchase u one or more years. Interest is included in each payment. Select the number of tuition units you wi   |  |  |  |  |
| to brochure for help in determining your monthly payment):    50 Units   100 Units   150 Units   250 Units   300 U | 350 Units 400 Units 500 Units  |  |  |  |
|  |  |  |  |  |
| Please select the payment duration and earliest Benefit Use Year below to determine your month (Confirm that the Benefit Use Year selected below is equal, or prior, to the Benefit Use Year selected  |  |  |  |  |
| 1 Year -Fall 2005 4 Years-Fall 2007 7 Years-Fall 2010 10 Years-Fall  |  |  |  |  |
| 2 Years-Fall 2005 5 Years-Fall 2008 8 Years-Fall 2011 11 Years-Fall 3 Years-Fall 2006 6 Years-Fall 2009 9 Years-Fall 2012 12 Years-Fall 2019   |  |  |  |  |
|  |  |  |  |  |
| Set up automatic monthly withdrawals from my bank account (ACH). Complete authorization for  |  |  |  |  |
| Note: An optional down payment will reduce the custom monthly  Optional down payment enclosed \$   |  |  |  |  |
|  |  |  |  |  |
| <b>Lump Sum Purchase Plan</b> A lump sum purchase plan allows you to purchase from 1 – 500 uni requires that you pay for those units as you purchase them. You may purchase additional units at any t  | ime in the future at the unit price in effect at the time of purchase. |  |  |  |
| State the number of units you wish to purchase at this time through a lump sum purchase plan. Mini   |  |  |  |  |
| Number of units purchasing: @ \$   | 52.00 per unit = \$  |  |  |  |
| SECTION VI. Payment Information/Options  |  |  |  |  |
| Nake check or money order <u>payable to GET</u> . The non-refundable \$50 enrollment fee and any optional dow  | wn payment must be sent with this form. Custom monthly payment         |  |  |  |
| vill begin 60-90 days from receipt of enrollment form. Payment for lump sum unit purchases must be in<br>Please select your payment option(s) below and indicate if you are making a down payment. If you are purch  | ncluded with this form. (Minimum purchase of one unit is required)     |  |  |  |
|  | nasing both plan types, send only one \$50 cirrollinent recept staden  |  |  |  |
| <b>Enrollment Fee \$50</b> ☐ Check enclosed ☐ Pay enrollment fee by credit/debit card (Provide credit/debit card information)  | FOR OFFICE USE ONLY  |  |  |  |
| Credit/Debit Card information (For payment of enrollment fees only)  | ☐ \$50 Enrollment Fee Included ☐ None                                  |  |  |  |
| □Visa □ MasterCard □ Discover □ American Express Month Year  |  |  |  |  |
| Credit Card Number Expiration Date   | Enrollment Fee on Credit Card,  Approval #                             |  |  |  |
| I authorize GET to charge my \$50 enrollment fee to the above credit/debit card.   | Amount Enclosed for Units,   |  |  |  |
| I understand this fee is non-refundable.   | # of Units   |  |  |  |
| Signature of Credit Card Holder  Date  | Amount Received \$   |  |  |  |
|  | Check #  |  |  |  |
| Amount to Remit  | Down Payment Amount on   |  |  |  |
| \$50 Enrollment Fee (if not paid by credit card above) \$  | Custom Monthly Plan \$   |  |  |  |
| OPTIONAL Down Payment (For Custom Monthly Purchases only.) \$  | Check #  |  |  |  |
| Lump Sum Units Being Purchased (\$52 x Number of Units Desired) \$   | Is Enrollment Fee Waived (exceeds \$100 per family)                    |  |  |  |
| Total Amount to Remit \$  Check, cashier's check or money order must be enclosed for units purchased.  | ∐ Yes  |  |  |  |
| Make checks, cashier's checks and money orders payable to: Guaranteed Education Tuition or GET.  | Related Enrollment Formsof   |  |  |  |
| SECTION VII. Signature   |  |  |  |  |
| hereby certify that the above information on this enrollment form is true and accurate to the best of  | of my knowledge. I acknowledge that a penalty fee may apply            |  |  |  |
| or contract cancellation/termination. In signing below, I am agreeing to all terms and conditions o certify that the student is a resident of the State of Washington.   |  |  |  |  |
|  |  |  |  |  |
| Signature of Purchaser or Legal Guardian Date  | ate  |  |  |  |

Please print full name \_\_

|  | To assist us in matching this page to the first page of your en<br>please provide the name of the purchaser and his or her socio  | ollment form should they become separated during processing, security number.   |
|--|---|---|
| PURCHAS<br>Last  | SER NAME Mr. Mrs. Miss Ms. Dr.  |   |
| SOCIAL S   | SECURITY NUMBER (Or TAX ID #)   |   |
|  |   |   |
| SECT   | ION VIII. Demographic Information   |   |
| Optional   | Information: Answers to the questions in this section are optional, but wil   | assist the Program in planning for future enrollment periods.   |
| Age Rang   | ge of Purchaser: Under 24 Years 25-34 Years 35-44 Years   | 5-54 Years  55-64 Years  65 Years or older  |
|  | s relationship to Purchaser: Child Niece Grandchild Self  | ☐ Ward (Legal Guardian) ☐ Not Related/Friend ☐ Great Grandchild   |
| Gender o   | of Purchaser:  Male  Female   |   |
| Ethnicity  | of Purchaser: African American Asian Caucasian Hispani  | Latino □ Native American □ Other  |
| Annual Fa  | ·   | \$39,999  |
| Education  | n of Purchaser: High School Graduate/GED Associate's Degree   | Bachelor's Degree ☐ Master's Degree ☐ PhD ☐ Other ☐ Unknown   |
|  | you hear about the Program?   | l of Mouth $\square$ Library $\square$ Web Site/Internet $\square$ Radio $\square$ TV $\square$ Bank $\square$ Other  |
| SECT   | ION IX. Payroll Deduction   |   |
| Program<br>to their e<br>enrollme<br>if payroll  | Web site at http://www.get.wa.gov or by contacting the Program office.<br>employees. If your employer is listed and you would like to begin payroll   | find out if payroll deduction is available from your employer you can check the orms are available online for those employers currently offering payroll deduction eduction, complete the appropriate payroll deduction form and return it with this lete the information below and GET would be glad to contact your employer and se |
|  | ER NAME   |   |
| ADDRESS  | S   |   |
|  |   |   |
| Number   | and street  |   |
| City   | State   | Zip   |
| CONTACT  |   | p   |
|  |   |   |
| WORK TE  | ELEPHONE EXT.   |   |
|  |   |   |
|  |   |   |
| SECT   | ION X. Automatic Cash Transfer Authorization  |   |
| Please attach voided check or savings account deposit slip here<br>to allow automatic payment from your account. | ries to my bank account indicated below and the bank indicated below to debit il GET has received written notification from me of its termination in such time y to act on it. Revocation by notice to the financial institution is not sufficient. ight to cancel this authorization and that GET will notify me in writing of such equest to set up my automatic contribution withdrawal and that GET will notify |   |
| s מככו<br>r מככו   | ., , , , , , , , , , , , , , , , , , ,  | it or have the form below filled out and signed by your financial institution.  |
| vings<br>voui  | Automatic Payment Plan Agreement  | n <u>or</u> nave the John below filled out and signed by your financial institution.  |
| or sa<br>t from  |   | Date Monthly Payment \$   |
| Bank Account Holder's Signature Date   |   | Monthly rayment \$  |
| ded c.<br>c pay  | To be completed by your financial institution   |   |
| attach voic<br>automati  |   | Phone #   |
|  | City  |   |
| ase callow   |   | Account #   |
| Ple<br>to  | Officer Signature   | Title Date  |